## FOR INSTRUCTIONS, SEE BACK OF FORM

## A ETHICS AND CAMPAIGN DISCLOSURE BD.

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees 2012 OCT 26 AM 7: 11 for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form

| COMMITTEE NAME (Must be same as on Statement of Organization)  |                                   |  |   |  |
|--|-----------------------------------|--|---|--|
| Drever for Sher; ff Committee  |                                   | ORM  |   |  |
| IMPORTANT: Indicate by # type of committee you are reporting for:  | 1 ( -                             | DR-2<br>v. 12/2009)  | DISCLOSURE                              |  |
| (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Politic  |                                   |  |   |  |
| Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PA  | AC (   LRE                        | Office Use Only  | 76                                      |  |
| 11) Local Ballot (ssue  CANDIDATE COMMITTEES ONLY:   |                                   |  |   |  |
| Candidate Name Political Party (if applicable)   |                                   |  |   |  |
| David L. Dreyer Independent  |                                   | Computer   |   |  |
| Office Sought District (if Senate or House)  | 1 1                               | Audited  |   |  |
| Fremont County Cherit  |                                   |  |   |  |
| Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.3  | 2A(7) and 68A.                    | 401(3), the can  | didate, for a                           |  |
| candidate's committee, and the chairperson, for any other type of committee, is the individual responsi  | ible for filling film             | iely and accura  | te reports.                             |  |
| of his Dodland and and   | -1                                | / -  | 1 -                                     |  |
| SIGNATURE OF PERSON PICING REPORT  TELEPHONE   | 36                                | 10125  | //2                                     |  |
| SIGNATURE OF PERSON PLING REPORT   | ntine this properties against the | DATESI   | GNED                                    |  |
| I AM FILING A 10/14/12 REPORT FOR (1) ELECTR   | ON /(2)NON-E                      | LECTION YEA  | AR                                      |  |
| (report date) Indicate t   |                                   |  |   |  |
| CHECK IF AMENDMENT TO REPORT DATED   | Local Comm                        | nittees, enter Dat   | te of Election                          |  |
|  |                                   |  |   |  |
| Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)  | County & Lo                       |  | enter County in                         |  |
| (100 mass outlines to the report of the original of the origin | WINCIS ENCL                       | On is neig   |   |  |
|  |                                   |  |   |  |
| OTATIONS OF CACH ON HAND   | terror in the second              | ALTERNATION OF THE PARTY OF THE |   |  |
| STATEMENT OF CASH ON HAND  |                                   |  |   |  |
| CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the   |                                   |  |   |  |
|  | \$                                |  | 0                                       |  |
| CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end  | \$                                |  | 0                                       |  |
| CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)   |                                   |  | О<br><i>д</i>                           |  |
| CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD   | *************                     |  | 0                                       |  |
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| FOR INSTRUCTIONS, SEE BACK OF FORM                            |                              |                              |                           | SCHEDULE                 |                         |
|---|------------------------------|------------------------------|---------------------------|--------------------------|-------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) |                              |                              | (Rev. 06/97) C            | ONTRIBUTIONS             |                         |
| Voeyer for Sheriff Committee                                  |                              |                              |                           | CHECK THIS BOX IF        |                         |
| Reset Form  |                              |                              |                           | AMENDIN                  |                         |
|   |                              |                              |                           |                          |                         |
|   |                              |                              |                           |                          |                         |
| DATE<br>RECEIVED  | NAME AND ADDRESS             | RELATIONSHIP<br>TO CANDIDATE | DESCRIPTION<br>OF IN KIND | ESTIMATED<br>FAIR MARKET | √ IF FOR<br>FUND-RAISER |
| (MM/DD/YR)  | OF CONTRIBUTOR               | " (if applicable)            | CONTRIBUTION              | VALUE<br>\$              | CONTRIBUTION            |
| , ,   | David L. Dreyer              | 0                            | Coffee                    | <b>A</b> 50              |                         |
| 10/13/12  | 149 Sleepy Hollow, Sherranda | 4 St/f                       | of restaurant             | 3700                     |                         |
|   | David L. Preyer              | _                            | Coffee                    | 09                       |                         |
| 10/14/12  |                              | Se IF                        | CONTES                    | 5000                     |                         |
| 9/22/12   | David L. Dreyer              |                              | candy.                    | H 20                     |                         |
| 112412  | 9                            | 5e/f                         | For parades               | 20000                    |                         |
| , ,   |                              |                              | 0 (                       |                          |                         |
| 10/3/12   | David L. Dreyer              | Se /F                        | Brochures                 | 5000                     |                         |
| 1 /   |                              |                              | postage                   |                          |                         |
| 10/4/12   | David C. Dreyer              | Self                         | Stamps                    | 9000                     |                         |
| 11  |                              |                              | Newspaper                 |                          |                         |
| 10/1/12   | David L. Dreyes              | Se AF                        | ad                        | 12200                    |                         |
| 11  | 7 . ( , 7                    |                              | Neuxpaper                 | 10                       |                         |
| 10/1/12   | David L. Dreyes              | Self                         | ad                        | 9800                     |                         |
|   | 5                            |                              | Newspaper                 | <i>A</i>                 |                         |
| 10/1/12   | David C. Doeyer              | 5e/f                         | ad                        | 7000                     |                         |
| 11  | Douid L. Vreyer              | - 10                         | printer                   |                          |                         |
| 10/1/12   | lavid & Dreyes               | self'                        | INK                       | 100 00                   |                         |
|   |                              |                              |                           |                          |                         |
|   |                              |                              |                           |                          |                         |
| SUB-TOTAL   |                              |                              |                           | \$ 7780                  |                         |
| TOTAL (if last  |                              |                              |                           | \$                       |                         |
| page of this schedule)  |                              |                              |                           | 6/0/0.51                 |                         |
|   |                              |                              | schedule)                 | Ψίσφι                    | ]                       |

\*Disclosure law requires candidates to disclose the relationship of any relative making an In kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule E)

| COMMITTEE NAME (Must be same as on Statement of Organization)  Dreyer for Sheriff Committee  Reset Form |   |  |  |
|---|---|--|--|
| RELATIONSHIP TO CANDIDATE * (if applicable)   | DESCRIPTION OF IN KIND CONTRIBUTION   | ESTIMATED<br>FAIR MARKET<br>VALUE  | √ IF FOR<br>FUND-RAISER<br>CONTRIBUTION  |
| MONE  | advertising<br>+ Coffee<br>Meeting  | 8000   |  |
|   | Radio<br>Advertising  | 106480   |  |
|   | Signs<br>magnets<br>hats  | 1166 30  |  |
| self  | SigNS   | 41730  |  |
| Se 14   | brochures<br>brochures  | 272.85   |  |
| Self  | pens  | 335.66   |  |
|   | political ad  | 139,60   |  |
|   | addresses/<br>labels  | 132.11   |  |
|   | radio ad  | 1,064.00   |  |
| se/f  | Candy for parades   | 188.89   |  |
| âny rélative making a<br>sanguinity (blood rela   | page of this schedule)  n in kind contribution to the threes) and affinity (relative                        | ne Page  | ofof   |
|   | RELATIONSHIP TO CANDIDATE (if applicable)  MONE  Self  Self  Self  Self  Self  Self  Self  Self  Self  Self | RELATIONSHIP TO CANDIDATE OF IN KIND CONTRIBUTION OF IN KIND CONTRIBUTION OF IN KIND CONTRIBUTION Advertising Radio Advertising Radio Advertising Radio Advertising Radio Advertising Signs Magnets hats  Self Druchures Signs  Self Candy for Paradio ad  Self Candy for Paradio ad  Self Candy for Paradio ad  Self Candy for Paradios  Sub-total  TOTAL (If last page of this schedule) | RELATIONSHIP DESCRIPTION OF IN KIND CONTRIBUTION FAIR MARKET VALUE  MONE Reset Form  FAIR MARKET VALUE  SELF RESET FORM  MONE RESET FORM  FOR MARKET VALUE  SELF RESET FORM  MONE RESET FORM  FOR MARKET VALUE  SELF RESET FORM  MONE RESET FORM  MO |